

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045913

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11794

STATE FILE NUMBER

FILED DEC 5 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in lb

3-days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Lutheran Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

3545a Delor

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Helen

Marie

Preusser

4. DATE OF DEATH

Month

Day

Year

Nov.

28

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/6/18

9. AGE (last birthday)

45

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life - even if retired)

retired) Bookkeeping Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY

Scruggs-Vandevort St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Julius A. Lind

13b. MOTHER'S MAIDEN NAME

Sophia Wotli

14. NAME OF HUSBAND OR WIFE

Robert J. Preusser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

5

17. INFORMANT

Robert J. Preusser-3545a Delor

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-28-63 to 11-28-63 and last saw her alive on 11-28-63. Death occurred at 11:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 2, 1963

23c. NAME OF CEMETERY OR CREMATORY

Concordia Cemetery

23d. LOCATION (City, town, or county)

St. Louis,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

WACKER-HELDERLE-3634 Gravois Ave

25. DATE RECD. BY LOCAL REG.

NOV 29 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4375

P.O. Address Louis 16 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.